

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



November 23, 2004

ALL COUNTY LETTER NO. 04-51

**REASON FOR THIS TRANSMITTAL**

- ☐ State Law Change
- ☒ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by  
One or More Counties
- ☒ Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY FISCAL OFFICERS  
ALL INDEPENDENT LIVING PROGRAM COORDINATORS

SUBJECT: INDEPENDENT LIVING PROGRAM ANNUAL NARRATIVE REPORT AND  
PLAN FOR FEDERAL FISCAL YEAR 2004

The purpose of this All-County Letter is to forward the *Independent Living Program (ILP) Annual Narrative Report and Plan for Federal Fiscal Year (FFY) 2004 (October 1, 2003 – September 30, 2004)* for completion. This report is required by the Department of Health and Human Services, Administration on Children, Youth and Families (ACYF), in accordance with provisions specified in policy interpretation ACYF-CB-PI-0102, and requests details associated with your county's ILP and transitional housing programs. Additionally, the report and plan provide the format in which counties describe their ILP plans in accordance with Assembly Bill 1979 (Chapter 271, Statutes of 2002).

Information provided to the California Department of Social Services (CDSS) in the report is used by CDSS for inclusion in the federal Title IV-E Annual Needs and Services Report and may be shared with other counties and stakeholders for the purposes of identifying promising practices.

The FFY 2004 ILP Annual Narrative Report and Plan complements the FFY 2004 ILP Annual Statistical Report (SOC 405A) form by providing counties the opportunity to clarify in narrative form, the numerical information counties provide to CDSS on the SOC 405A form. The SOC 405A report is forwarded to counties under separate cover by the Data Systems and Survey Design Bureau (DSSDB). If you have any questions about the SOC 405A report, please call the DSSDB at (916) 651-8269.

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The FFY 2004 ILP Annual Narrative Report and Plan is to be completed and submitted to CDSS, ILP Policy Unit on or before **January 21, 2005**. Please mail your county's Report to the following address:

**California Department of Social Services  
Independent Living Program Policy Unit  
744 P Street, M.S. 14-78  
Sacramento, California 95814**

If you have any questions regarding the ILP Annual Narrative Report and Plan, please contact Sonya St. Mary, Manager of the Independent Living Program Policy Unit at (916) 651-7465.

Sincerely,

*Original Document Signed By*

BRUCE WAGSTAFF  
Deputy Director  
Children and Family Services Division

Enclosures

## INSTRUCTIONS

The Independent Living Program (ILP) Annual Narrative Report and Plan requests information regarding your county's ILP and transitional housing programs for the Federal Fiscal Year (FFY)2004 (October 1, 2003 – September 30, 2004). County staff is responsible for the provision of information being requested. When completing this report it is advisable that county program and fiscal staff work closely with county ILP coordinators and county probation officers and allow sufficient time to coordinate the gathering of information from county fiscal staff as well as any contractors. **Please answer all of the questions contained in each section and the attachments. If your Report is missing sections or if the required information in each section and the attachments isn't complete, the Report will not be accepted as complete.**

If you require more space to answer these questions you may submit additional sheets as an addendum. A definition section has been included for reference.

In accordance with the provisions of the U.S. Department of Health and Human Services, Administration on Children, Youth and Families (ACYF), Program Instruction ACYF-CB-PI-01-02 requirements, the information you provide is included in California's Title IV-E Annual Progress and Services Report.

The FFY 2204 ILP Annual Narrative Report and Plan is to be completed and submitted to the CDSS, ILP Policy Unit on or before January 21, 2005. Please mail your county's Report to the following address:

California Department of Social Services  
Independent Living Program Policy Unit  
744 P Street, M.S. 14-78  
Sacramento, California 95814

This report is divided into three sections:

- Narrative
- Budget Expenditures
- Statistical Information

## DEFINITIONS

**Contracted Services:** Services provided based on a written agreement between a county and another entity (governmental or non-governmental).

**Eligible Foster/Probation Youth:** For the purposes of this report, Eligible Foster/Probation Youth shall include Child Welfare and Foster/Probation Youth for which your county has jurisdiction, under Welfare and Institutions Code Section 300 or 600 et. seq., whether residing in-county or placed out-of-county.

**Aftercare Services:** Those support services for emancipated youth that have not yet attained 21 years of age, which include but are not limited to, education assistance and counseling, job placement and retention training, vocational training, crisis counseling, legal assistance, housing assistance, emergency assistance, and any other service/activity directly related to aftercare for the foster/probation youth.

**Emancipated Youth:** Emancipated youth, for the purposes of this report, are former foster/probation youth that were in care after age 16.

**Emancipated Youth Stipend:** The Emancipated Youth Stipend is funded 100 percent by State General Fund and is a separate source of funds from a county's ILP allocation. Emancipated Youth Stipends are used to address the special needs of emancipated foster/probation youth. Any Emancipated Youth Stipend expenditures paid in excess of a county's Emancipated Youth Stipend allocation will be a county-only cost.

**Federal Fiscal Year (FFY):** FFY beginning on October 1, and ending on September 30.

**Health:** Health-related activities/services/classes for foster/probation youth in ILP or emancipated youth receiving aftercare. Health-related activities/services/classes include health insurance, medical emergencies, home health and safety management, nutrition, family planning, parenting skills, sexuality and sexual behavior, drug/alcohol/smoking use, prenatal drug/alcohol exposure, eating disorders, hygiene and personal care, and any other activities/services/classes directly related to the health of the foster/probation youth.

**ILP Activities:** Utilization of the Transitional Independent Living Plan (TILP) goals, such as assistance in obtaining a high school diploma and pursuing post secondary education, career exploration, employment development, vocational training, job placement and retention, daily living skills, including financial management and budgeting, consumer and resource use, self development and survival skills, preventive health and safety activities including substance abuse, pregnancy prevention, nutrition, smoking prevention and/or cessation, personal and emotional support through counseling and mentors, transitional housing experiences including the Transitional Housing Placement Program (THPP) and household management training.

**Incentives:** Reasonable rewards, as documented in the TILP, utilized to motivate youth to participate in and successfully complete independent living training.

**Room & Board:** Food purchases; payment of rental deposits and/or utility deposits; payment of rent and/or utility bills; emergency assistance (a county's interpretation) for eligible emancipated youth, who are at least 18 years of age, but have not yet attained 21 years of age.

A county may spend less than, but cannot exceed, 30 percent of the total of their ILP allocation for the room and board needs.

**Transitional Independent Living Plan (TILP):** Refers to the TILP in the Child Welfare Services Case Management Services (CWS/CMS) application, which is the required emancipation preparation document described in Manual of Policies and Procedures (MPP) Division 31.206.37 and 31.525 that describes the specific skills acquired and needed by foster/probation youth in order to transition successfully.

**Transportation Assistance:** Any and/or all transportation costs associated with ILP. Costs may include but are not limited to, transporting children to and from court proceedings, medical appointments/services, sibling visitation, or costs directly related to work, training, or education.

**Transitional Housing Placement Program (THPP):** For the purpose of this report THPP is defined as a CDSS Community Care Licensing Division licensed foster care facility type as described in Welfare and Institutions Code Section 16522 et. seq... which provides real-life independent living experiences for foster/probation youth who are ILP participants and 17 but not more than 18 years old unless the requirements of W&IC section 11403 are met.

**Transitional Housing Program-Plus (THP-Plus):** Authorized by AB1119 (Chapter 639. Statutes of 2002). THP-Plus provides State General Funds to participating counties for the expansion of transitional housing to emancipated foster/probation youth 18 through 20 years of age.

**Work-Related Activities/Expense:** Work and training-related costs incurred by the ILP participants. Costs may include but are not limited to, work uniforms, training, tools, books and union dues.

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# Independent Living Program Annual Report and Plan, Federal Fiscal Year (FFY) 2003-2004<sup>1</sup>

## Report Information

Name of County: \_\_\_\_\_

### County personnel responsible for this report:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: (    )    -    x.
Fax Number: (    )    -	Other: (    )    -

### Name of person(s) completing the Narrative:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: (    )    -    x.
Fax Number: (    )    -	Other: (    )    -

### Name of person (s) completing the Budget Expenditures:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: (    )    -    x.
Fax Number: (    )    -	Other: (    )    -

### Name of ILP Manager/Administrator:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: (    )    -    x.
Fax Number: (    )    -	Other: (    )    -

<sup>1</sup> FFY 2003 (October 1, 2003-September 30, 2004)

**Name of ILP Aftercare Administrator:**

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: (    )    -    x.
Fax Number: (    )    -	Other: (    )    -

**Name of County Transitional Housing Placement Program (THPP) Administrator:**

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: (    )    -    x.
Fax Number: (    )    -	Other: (    )    -

**Name of ILP Coordinator:**

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: (    )    -    x.
Fax Number: (    )    -	Other: (    )    -

**Name of Probation Officer:**

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: (    )    -    x.
Fax Number: (    )    -	Other: (    )    -



# NARRATIVE

## Part I – ILP Description

### A. ILP Description

1. How many foster/probation youth who were wards/dependents of your county were eligible for ILP participation during the fiscal year?
2. Describe the age groups your county ILP serves.
3. Describe how your ILP has been designed to help eligible foster/probation youth make the transition to self-sufficiency.
4. Describe how your program assures that the participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood.
5. Describe any ILP enhancements, new programs, protocols or services that resulted in greater quality of services and/or larger numbers of eligible foster/probation youth receiving ILP services over the past FY.

### B. ILP Participant Assessment

1. What assessment tool(s) does your county utilize to assess the needs and strengths of each eligible foster/probation youth? (Examples: Ansell-Casey Life Skills, Daniel Memorial, Community College Foundation, etc.)
2. If your county has developed an assessment tool(s), provide a brief description.
3. Who conducts the assessments?

### C. ILP Transitional Independent Living Plan (TILP) Implementation

1. Who implements the TILP?
2. When is the TILP implemented?
3. How is the TILP implemented?

4. Do you utilize the TILP in the CWS/CMS application?

Yes ☐, No ☐

a) If no, why?

5. How often are TILPs updated and by whom?

6. How is information provided to the social worker/probation officer for updating and implementing the TILP?

1. When ILP services are determined not appropriate for the youth:

a) How is this information incorporated into the case plan and the TILP?

b) How often are re-determinations made for the appropriateness of services?

c) How are the TILP goals achieved for non-ILP participants?

8. Did the county pass its last ILP compliance review report?

Yes ☐, No ☐

a) If no, please attach a copy of the county ILP corrective action plan.

#### **D. ILP Program Access**

1. How do eligible foster/probation youth access ILP services?

2. Does your county have waiting lists for ILP participation, activities or services?

a) If yes, describe each activity that has a waiting list, reason for the waiting list and efforts being taken to eliminate the wait.

3. How does your county assure equitable access to ILP services for all age appropriate eligible foster/probation youth?

4. How are youth that previously refused ILP services being encouraged to participate?

5. If the process for delivering and/or assessing the need for services is different based on the type of jurisdiction, type of placement or residence, describe each process.

#### **E. ILP Services**

1. Describe how you provide specific ILP services to assist eligible foster/probation youth to obtain educational or vocational goals. (Examples: high school, post high school, vocational training, etc.)
2. How do you provide specific ILP services for eligible foster/probation youth to teach career and employment development and job experiences? (Examples: referral to a One Stop Career Center, resume development, job search assistance, transportation needs, on the job experiences, job placement and retention, community service activities, apprenticeship, internship, computer/internet skills, etc.)
3. Describe specific ILP services provided to eligible foster/probation youth that would enable them to increase their knowledge and skills for successful daily independent living. (Examples: household management training, consumer budgeting personal/social self-development skills, etc.)
4. Describe how ILP assists foster/probation youth to find a mentor. (Examples: collaboration with Americorp, Job Corp, etc.)
5. Describe ILP services provided to ILP foster/probation youth that assists them in meeting their transportation needs. (Example: Drivers' Education Training, auto repair, bus passes, etc.)
6. Describe ILP services, which provide eligible foster/probation youth with health and safety activities. (Examples: smoking avoidance, substance abuse prevention, pregnancy prevention, mental health referrals, nutrition education, and avoidance of incarceration.)
7. Do youth have a personal savings account (not including an ILP Savings Account)?  
Yes ☐, No ☐
  2. Do youth have an ILP Savings Account?  
Yes ☐, No ☐
    - a) If no, why?
  3. Describe how ILP collaborates with other organizations. (Examples: other county organizations, private nonprofits, foundations, associations, other State of California

Departments, community based organizations, private employers, faith based organizations, community colleges and/or universities.)

4. Regarding Native American youth in ILP:

- a) How many Native American youth 16 years to 21 years old are in foster/probation care in your county?
- b) Are these youth participating in ILP?  
Yes ☐, No ☐
- c) Describe how your county's ILP collaborates with California Indian Tribes to ensure that Native American youth participate in ILP and that ILP services are culturally appropriate for them.

#### **F. ILP Evaluation**

- 1. How do you evaluate the effectiveness of your ILP?

#### **G. Plans for ILP**

- 1. What changes do you plan to make in FFY 2004-2005<sup>2</sup> to enhance your ILP?

### **Part II – ILP Aftercare**

#### **A. ILP Aftercare Program Description**

- 1. Describe your ILP aftercare program.
- 2. Does your ILP aftercare program include services for emancipated youth whose final dependency/ward-ship was of another county?  
Yes ☐, No ☐

#### **B. ILP Aftercare Assessment**

- 1. What types of assessment tool(s) does your county utilize to assess the needs and strengths of emancipated youth? (Examples: Ansell-Casey Life Skills, Daniel Memorial, Community College Foundation, etc.)

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<sup>2</sup> October 1, 2003-September 30, 2004

2. If your county has developed an assessment tool(s), provide a brief description.
3. Who conducts the aftercare assessment?
4. Does your county utilize a transitional independent living plan for emancipated foster/probation youth?  
Yes ☐, No ☐  
Explain:

#### **C. ILP Aftercare Access**

1. Describe how emancipated youth access ILP aftercare services.
2. Describe your process for referring and verifying that eligibility has been determined for emancipated youth in the Former Foster Youth Medi-Cal Program.
3. Describe your outreach efforts to inform youth of the Chafee Education and Training Voucher and any supportive services offered to aid them in applying for the grant as well as ensuring their maintaining grades and other objectives while attending school or training.

#### **D. ILP Aftercare Services**

1. Describe how you provide ILP aftercare services to assist emancipated youth to obtain their educational or vocational goals. (Examples: high school, post high school, vocational training, etc.)
2. How do you provide specific ILP aftercare services for emancipated youth to teach career and employment development skills and job experiences? (Examples: referral to a One Stop Career Center, resume development, job search assistance, transportation needs, on-the-job experiences, job placement and retention, community services activities, apprenticeships, internships, computer/Internet skills, etc.)
3. Describe specific ILP aftercare services provided to emancipated youth that would enable them to increase their knowledge and skills for successful daily independent living. (Examples: household management training, assistance with locating safe and affordable housing, consumer budgeting, interpersonal/social and self-development skills, etc.)
4. Describe how ILP assists emancipated youth to find a mentor. (Examples: collaboration with Americorp, Job Corp, etc.)

5. Describe ILP services provided to emancipated youth that would assist with transportation needs. (Examples: Drivers' education training, bus passes.)
6. Describe ILP services that provide emancipated youth with health and safety activities. (Examples: smoking avoidance, substance abuse prevention, pregnancy prevention, access to the Former Foster Youth Medi-Cal Program, mental health referral, nutrition education, and avoidance of incarceration.)
7. Do your emancipated youth have personal savings accounts?  
Yes ☐, No ☐
8. Does your county refer youth to the Social Security Administration for Social Security Insurance (SSI) benefits?  
Yes ☐, No ☐
9. How does your county assist emancipated youth who are in need of basic necessities such as food?
10. Does your county have housing programs and/or services for emancipated youth?  
Yes ☐, No ☐
  - a) If yes, describe those programs and/or services:
  - b) If no, describe how your county assists emancipated youth to find housing.

#### **E. ILP Aftercare Evaluation**

1. How do you evaluate the effectiveness of your ILP aftercare program?

#### **F. Plans for ILP Aftercare**

1. What changes do you plan to make in FFY 2004-2005<sup>3</sup> to enhance your aftercare program?

### **Part III – THPP and Transitional Housing Program – Plus Description**

1. Describe THPP and/or THP-Plus housing services to youth.

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<sup>3</sup> FFY 2004 (October 1, 2003-September 30, 2004)

## FFY 2003-2004 BUDGET EXPENDITURES

### Part IV – Independent Living Program Accounting of Funding Allocation

Name of County: \_\_\_\_\_

Total ILP Allocation \_\_\_\_\_

#### ILP Administration Expenditures (CDSS Program Code 182)

Administration (ILP)	Budgeted County Cost	Budgeted Contracted Cost	County Expenditures	Contracted Expenditures
Salaries (Include- position, classification, FTE, PTE)				
Operating Cost				
Case Management (ILP)				
Salaries (Include- position, classification, FTE, PTE)				
Operating Cost				
Total Cost				

**ILP Services Expenditures (CDSS Program Code 184)**

Services (ILP)	Budgeted County Cost	Budgeted Contracted Cost	County Expenditures	Contracted Expenditures
Personnel Salaries (Include- position, classification, FTE, PTE)				
Education/Vocational Training				
Employment Training				
Daily Living Skills Training				
Mentoring				
Transportation				
Health and Safety Activities				
<b>Total Cost</b>				



## Part V – Emancipated Youth Stipend

Name of County: \_\_\_\_\_

Total EYS Allocation: \_\_\_\_\_

### EYS Expenditures (CDSS Program Code 111)

Stipend Needs (ILP)	Budgeted County Cost	Budgeted Contracted Cost	County Expenditures	Contracted Expenditures
Transportation Assistance				
Work Activities Expense/ Non-Assistance				
Health Related – Non-Medical				
Cost Related to the Child(ren) Of the Emancipated Youth				
Housing Assistance Services				
Emancipated Youth Aftercare Services				
<b>Total Cost</b>				

## Part VI – Housing Programs

Name of County: \_\_\_\_\_

	Budgeted County Cost	County Expenditures
Chafee 30% housing for emancipated foster youth only		
THPP		
THP-Plus		
<b>Total Cost</b>		

# OUTCOMES FOR EMANCIPATED FOSTER YOUTH

## Statistical Information

If you answered “unknown”, “do not track”, “N/A” or similar responses to any question below, please attach a full explanation for each unanswered question and the plans for tracking this data.

1.	How many youth were discharged from foster/probation care during the reporting period?	
2.	How many youth received aftercare services during the reporting period?	
3.	How many youth in question 1. are counted in question 2.?	
4.	How many youth discharged from foster/probation care or receiving aftercare services during the reporting period:	
a.	Were employed full-time?	
b.	Were employed part-time?	
c.	Were not employed?	
d.	Were enrolled in school?	
e.	Held a job, internship, etc. for at least 3 consecutive months?	
5.	In addition to money acquired from employment, how many youth discharged from foster/probation care or receiving aftercare services during the reporting period:	
a.	Received SSI funds?	
b.	Received scholarship funds?	
c.	Received stipend funds?	
d.	Received TANF funds?	
e.	Received support from family or spouse?	
f.	Received Chafee room and board?	
g.	Received other funds?	
6.	How many youth discharged from foster/probation care or receiving aftercare services during the reporting period:	
a.	Had a personal savings account?	
b.	Had an emancipation savings account?	
7.	How many youth discharged from foster/probation care or receiving aftercare services during the reporting period reported that they had experienced a period of time when they did not have enough money to buy food?	
8.	How many youth discharged from foster/probation care or receiving aftercare services during the reporting period:	
a.	Lived with family members or relatives for at least 9 of the past 12 months?	
b.	Lived in their own housing (by themselves, with a spouse or roommate, in supervised independent living, or in a college dormitory) for at least 9 of the past 12 months?	
c.	Felt unsafe in their home or neighborhood while living in a. or b.?	
9.	How many youth discharged from foster/probation care or receiving aftercare services during the reporting period reported that they had had no place to sleep or slept in a shelter for at least one night during the reporting period?	

10. How many youth discharged from foster/probation care or in receipt of aftercare services during or prior to the reporting period:	
a. Received a high school diploma?	
b. Received a General Equivalency Diploma (GED)?	
c. Received an Associate of Arts degree (AA)?	
d. Received a Bachelor of Arts degree (BA)?	
e. Received a vocational certificate or license?	
11. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period:	
a. Were enrolled in high school?	
b. Enrolled in a post-high school vocational training program or college?	
c. Had all passing grades on their most recent report cards?	
12. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period reported at least one adult in the community that they could go to for:	
a. Emotional support?	
b. Job/school advice or guidance?	
13. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period were known to have used illegal drugs during the reporting period?	
14. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period were incarcerated during the reporting period?	
15. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period were parents?	
16. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period received their health/mental health records at the time of discharge from foster care?	
17. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period had health insurance during the entire reporting period?	
18. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period who require ongoing medication for maintenance of physical or mental health, reported that they knew how to access resources to continue receiving their medications?	

# TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP)/THP-PLUS

## Statistical Information

1.	How many youth, for whom your county has jurisdiction, participated in THPP during the reporting period either in your county or in another county?	
2.	Does your county have a Department approved THPP plan?	
3.	How many licensed THPP providers are in your county? Attach a list that includes the name, address, phone, and e-mail address of each THPP provider in your county.	
4.	How many THPP participants during the reporting period held a job, apprenticeship, etc., for at least 3 consecutive months?	
5.	How many THPP participants during the reporting period:	
	a. Were enrolled in high school?	
	b. Received a high school diploma or GED?	
6.	How many THPP participants during the reporting period were parents whose child/children lived with the participant?	
7.	How many youth (former THPP/THP-Plus participants) participated in THPP/THP-Plus during:	
	a. The 2002-2003 fiscal year?	
	b. The 2003-2004 fiscal year?	
8.	How many former THPP participants were enrolled in high school during the reporting period:	
	a. Of the 2002-2003 fiscal year participants?	
	b. Of the 2003-2004 fiscal year participants?	
9.	How many former THPP participants received a high school diploma or GED during the reporting period:	
	a. Of the 2002-2003 fiscal year participants?	
	b. Of the 2003-2004 fiscal year participants?	
10.	How many former THPP participants are enrolled in a post-high school vocational training program or college during the reporting period:	
	a. Of the 2002-2003 fiscal year participants?	
	b. Of the 2003-2004 fiscal year participants?	
11.	How many former THPP participants experienced homelessness during the reporting period:	
	a. Of the 2002-2003 fiscal year participants?	
	b. Of the 2003-2004 fiscal year participants?	
12.	How many former THPP participants were parents during the reporting period:	
	a. Of the 2002-2003 fiscal year participants?	
	b. Of the 2003-2004 fiscal year participants?	
13.	How many former THPP participants held a job, apprenticeship, internship, etc. for at least 3 consecutive months during the reporting period:	
	a. Of the 2002-2003 fiscal year participants?	
	b. Of the 2003-2004 fiscal year participants?	